IT-540ES-SD (2010)	Please DO NOT fold or stap		
LOUISIANA E	STIMATED TAX DECLARATION VOUCH	IER FOR INDIVIDUALS – 201	0
	_	O or fiscal year endingyear	
Your Social Security Number	Spouse's Social Security Number	Payment due date	INDIVIDUAL Voucher
Name		Amount of payment	. DO NOT SEND CASH
Spouse's Name		•	
Address		ə	.00
City, State, ZIP	Mail this form with your payment to:	Mark box if addr. has changed.	ess
SPEC CODE	LA DEPT OF REVENUE PO BOX 91007	Mail date	1905
	BATON ROUGE LA 70821-9007	For office use only	